

INFLUENCE OF PREECLAMPSIA ON ADVERSE NEONATAL OUTCOME IN EARLY ONSET FETAL GROWTH RESTRICTED BABIES

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AIM

- To explore the risk of severe adverse neonatal outcome in early onset fetal growth restricted (FGR) babies with and without preeclampsia (PE).

METHODS

- A cohort was constructed of fetal growth restricted babies antenatally detected that required delivery before 30 weeks of pregnancy in a tertiary maternity.
- Severe adverse neonatal outcome was defined as a perinatal death or a permanent neurological sequela at follow up.
- The diagnosis of preeclampsia was made according to ISSHP criteria.
- The risk of adverse outcome was adjusted for the umbilical and ductus venosus Doppler at diagnosis by logistic regression.

RESULTS

- A total of 46 of 103 babies (44,6%) had an adverse outcome:
 - 37 babies died (17 stillbirths and 20 neonatal deaths).
 - 9 (8.7% of the survivors) had a neurological sequela at follow-up.

	FGR with PE	FGR without PE	
Adverse outcome	31.5% (17/54)	59.2% (29/49)	P = 0.005

- After adjusting for umbilical artery and ductus venosus Doppler at diagnosis (present vs. absent/reversed diastolic flow), the presence of preeclampsia remained associated with a lower risk of adverse outcome: OR 0.34 (95CI% 0.15-0.79) [p=0.011].

103 FGR FETUSES BORN < 30 WEEKS

- Gestational age at diagnosis: 25.1 weeks (20-29.7)
- Gestational age at delivery: 27.8 weeks (21-29.9)
- Birthweight: 643 g (SD 194)
- 54 women (52.4%) with the diagnosis of PE

CONCLUSION

In early onset fetal growth restricted babies requiring delivery before 30 weeks, the presence of preeclampsia is associated with a lower risk of perinatal death or neurological sequellas.